

Sleep Consent Form

 Child Name ………………………… D.O.B………………………………

Sanquhar Nursery is dedicated to promoting children’s choice and independence throughout our service.

In line with the Care Inspectorate Guidance for best practice Sanquhar Nursery promote child led sleeps within the service. Children will be provided with quiet comfortable areas throughout the playrooms to rest and sleep if they choose to do so. Children will not be instructed to sleep by staff at any point throughout the day unless otherwise requested by their parent/carer.

Please tick below to make us aware of your preference for your child’s sleep times when in nursery

 I am happy for my child to choose when they wish to sleep during the day.

 I do not wish for my child to sleep past ………. o’clock.

 I would prefer for my child to sleep between………………. and …………………..

 I would like my child’s sleep limit to be no longer than…………………………

 My child can sleep for as long as they need.

Parent/Carer Signature ……………………………………………………………..

Date……………………………………

Keyworker Signature………………………………………………………….

Date……………………………………

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